

Docket Number: 1074-045
Application No. 09/936,967
Response B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kadlec, P.

*Integrated Diagnostic System for Photoelastic
Modulator*

Application No: 09/936,967

Filed: Feb 25, 2002

Examiner: Cruz, Magda

Art Unit: 2851

CERTIFICATE OF TRANSMISSION/MAILING

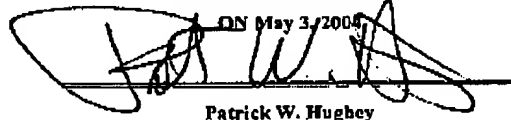
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Sir:

In reply to the final office action mailed March 1, 2004 please consider the following.

A Claim Listing begins on page 2 of this paper.

Remarks/Arguments begin on the page following the claim listing.

PTO/SB/21 (08-03)

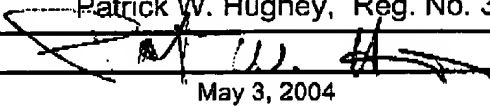
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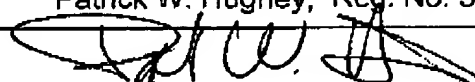
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/936,967	RECEIVED CENTRAL FAX CENTER MAY 03 2004 OFFICIAL
	Filing Date	Feb 25, 2002	
	First Named Inventor	Kadlec, P.	
	Art Unit	2851	
	Examiner Name	Cruz, Magda	
Total Number of Pages in This Submission	8	Attorney Docket Number	1074-045-PWH

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required in connection with prosecution of this application to Deposit Account No. 50-0241		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patrick W. Hughey, Reg. No. 31,169
Signature	
Date	May 3, 2004

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